WOMBLE CARLYLE

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OCI 2 0 2004

Atty Dkt A213 1010.1

## IN THE U.S. PATENT AND TRADEMARK OFFICE

Application No.: 10/627,680	Confirmation No. 4613					
Application of: G. ATANASOV	Group Art Unit: 2816					
Filing Date: July 28, 2003	Examiner: Lepisto, Ryan A.					
Title: Optical Monitoring of Thin-Film Denosition	Docket No. A213 1010.1 Customer No. 26158					

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir or Madam:

In response to the September 23, 2004 office, please enter and consider the following amendment and remarks.

Changes to the claims begin on page 2 of this paper. Remarks begin on page 9 of this paper.

10/28/2004 TYOUNG 00000001 090528 10627680

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162.00 DA

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective January 1, 2003							10627689					
. CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALI TYPE	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS		28			RAT	Ε	FEE		RATE	FEE		
FOR		NUMBER FILED	NUMB	NUMBER EXTRA		FEE	375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS		2 minus 20	0= *	. 8		<b>:</b>	.72.	OR	X\$18=			
INDEPENDENT CLAIMS		3 minus	3 =  *	9		=		OR	X84=			
MULTIPLE DEPENDENT CLAIM PRESENT					+140	)=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2			olumn 2	TOTA	\L	447	OR	TOTAL				
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	· HH	Minus **	98	= 16	X\$ 9	= ,	1440	OR	X\$18=		
AME	Independent	<u>* 5</u>	Minus ***		= 3	X42	=	860	OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+140			OR	+280=			
		·				TO ADDIT. F	TAL		OR	TOTAL ADDIT, FEE		
		(Column 1)		column 2)	(Column 3)	A0011.1	CE	h		ADDIT: 1 EE;		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 69	Minus **	44_	= 18	X\$ 9	=	62ª	OR	X\$18=		
	Independent	NTATION OF M	Minus *** ULTIPLE DEPEND	<u> </u>	]=	X42	=		OR	X84=		
<u>-</u>						+140	=		OR	+280=		
				•		TO ADDIT. F	TAL	1620	6A	TOTAL ADDIT. FEE		
		(Column 1)		Column 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE	ł	RATE	ADDI- TIONAL FEE	
	Total	*	Minus **		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus ***		-	X42	_		OR	X84=		
Ľ	FIRST PRESE	N FATION OF M	ULTIPLE DEPEND	DENT CLAIM		+140	=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE												
	""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											